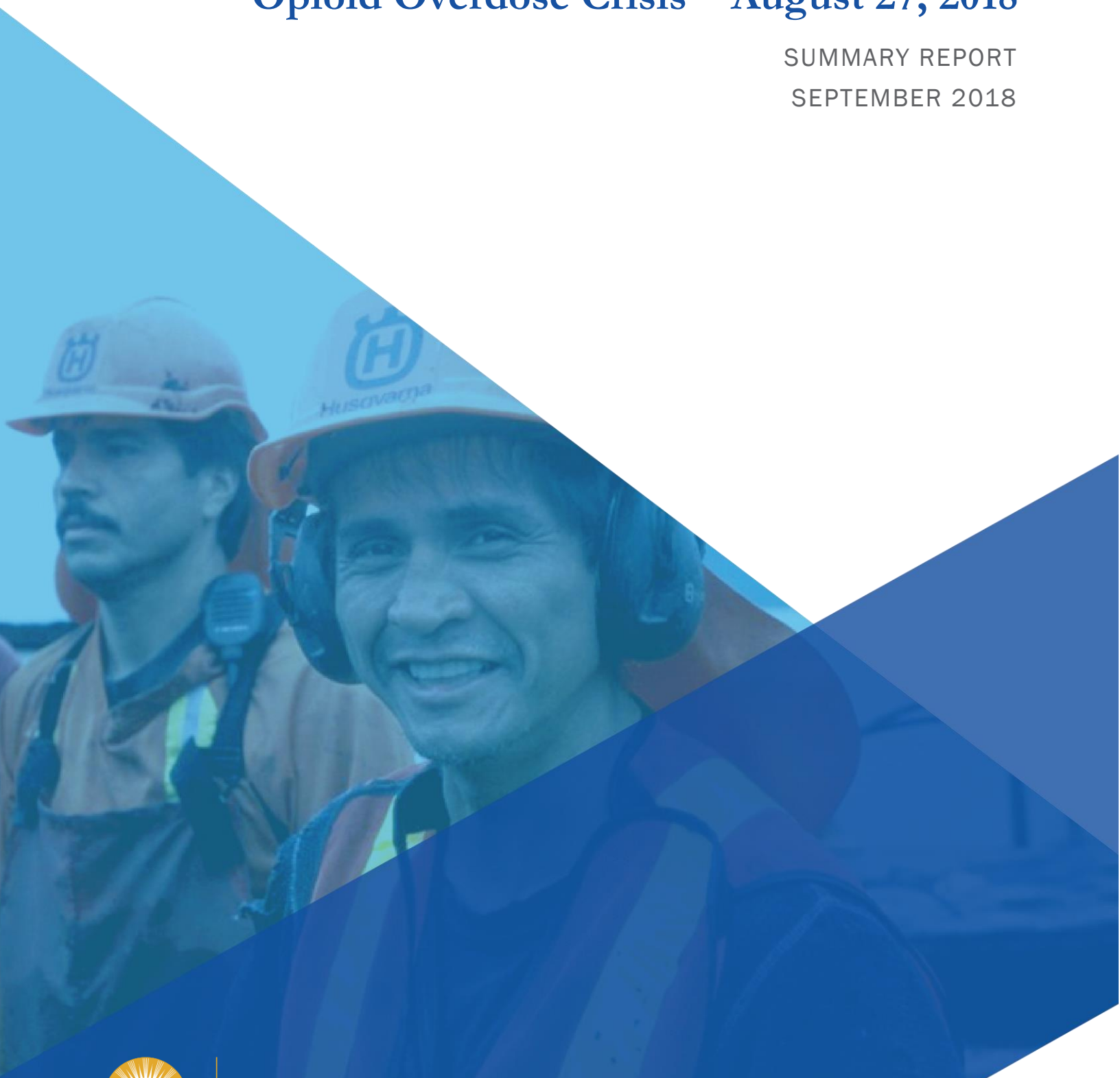
Construction Industry Roundtable on the Opioid Overdose Crisis – August 27, 2018

SUMMARY REPORT

SEPTEMBER 2018



BRITISH COLUMBIA

Ministry of Mental Health and Addictions

Background

The Construction Industry Roundtable on the Opioid Overdose Crisis stemmed from the work of Fraser Health and the construction industry workshop that took place in September 2017. That workshop introduced the findings of a study by Fraser Health on opioid overdoses among men working in the construction industry. One of the recommendations developed in that session was to form a Construction Industry Roundtable. The Overdose Emergency Response Centre and BC Ministry of Mental Health and Addictions - along with the organizations involved in the steering committee - worked with Fraser Health to design and organize the Construction Industry Roundtable on August 27, 2018.

Interviews with various stakeholders in advance of the session served to identify what people wanted to see as outcomes. From this were formed the objectives:

Objectives of Session

1. Share background information on the opioid overdose crisis.
2. Share information on current work being done in the Construction Industry to address the crisis: research; resources; work-to-date; plans.
3. Move to next steps – what are the proactive steps we could be taking individually and collectively within the Industry to address the opioid overdose crisis.

Based on these objectives, the following agenda was developed for the half-day session.

Agenda

Welcome and Introduction

- Indigenous Welcome: Musqueam Nation Knowledge Keeper Morgan Geurin
- Opening Remarks: Hon. Judy Darcy, Minister of Mental Health and Addictions
- Overview of the Day: Facilitator Jane Fitzgerald

Part 1: Background on the Opioid Overdose Emergency

- Dr. Patricia Daly, OERC/VCH & Dr. Aamir Bharmal, Fraser Health

Part 2: Sharing Information on Resources and Work in the Sector

Part 3: Moving to Action – getting your input

- Reaching people in training
- Reaching people on the work site

Part 4: Identifying Next Steps

- Following is a summary of the presentations and discussions from each of these agenda items. Additional notes are included in the appendices.

Part 1: Background on the Opioid Overdose Emergency

Provincial Overview of the Overdose Emergency: Dr. Patricia Daly

- Demographics of people who are dying

Overview of Work to Date with the Sector: Dr. Aamir Bharmal

- Workshop last year, goal to reflect on trends and to understand risk factors
- Current work
    - Public health nurses attending worksites who ID substance use concerns or have had OD
    - Review of return-to-work policies for workers with MHSU issues
    - Research to understand relationship between injury opioids and overdose

See Appendix 1 for complete presentations.

Following these presentations, participants addressed questions to the speakers. See Appendix 2 for a full list of questions and responses.

Part 2: Sharing Information on Resources and Work in the Sector

The following five presentations were provided in small group format. Participants had the opportunity to attend three of the five presentations. See Appendix 3 for summaries of presentations and links to resources.

Table 1: Addressing Stigma, Supporting Prevention: Partnering with Industry

- Regan Hansen, MMHA

Table 2: Understanding Needs and Barriers—A Research Initiative

- Todd McDonald, WorkSafe BC

Table 3: Will Construction Workers Talk About Mental Health and Substance Use?—Crafting Toolbox Talks that Connect

- Maya Russell, CMHA BC & Karen McCrae, BCCSU

Table 4: The Value of Data—Connecting the Dots

- Vicky Waldron, CIRP

Table 5: Public Health Aspects of the Overdose Emergency

- Dr. Patricia Daly, OERC/VCH & Dr. Aamir Bharmal, Fraser Health

Part 3: Moving to Action – getting your input

For this discussion, participants joined table groups to discuss the following questions:

1. Given what we have heard of work to date in the sector, what more do we need to do to inform and education people in training about the opioid overdose crisis?

2. Given what we have heard of work to date in the sector, what more do we need to do to inform and education people on the worksite about the opioid overdose crisis?

At each table, participants were asked to:

a. Brainstorm the question posed by the table host
b. Identify themes and key topics
c. Identify the next 3 most important steps to move this issue forward

Each table then reported back to the large group on the three most important next steps.

The following table summarizes the presentations and key themes from the discussion notes. Appendix 4 contains complete notes from the table discussions and presentations.

Reaching People in Training

Ideas and Themes	Next Steps
Education and training needs to be: Preventative, Proactive & Reactive: • Preventative = education employees about what construction life is like (camps) • Proactive = buddy system (educated in advance about what to look) • Reactive = administering naloxone; naloxone training	1. Define education and training materials for each "bucket" – Preventative, Proactive, Reactive.
Design training modules for workers • Consistent messaging • Resources available • Mentorship-relatable • Accessible-upskilling, foundation/YTT, lifeskills/pre-employment programs	2. Design training modules for workers.
Ensure training is targeted – i.e. designed for specific groups/know your audience • Age, what trades (different trades cultures, societies) • Peer to peer mentorship • Opportunities for people on the job to talk to others on the job • Be aware of background issues (childhood trauma etc.) and have approach to address/support these	3. Implement peer-to-peer mentorship opportunities or campaigns.
Coordinate website/app for sharing information • People seeking care/help • Support for families/friends	4. Develop /Coordinate website/app for sharing information.

Reaching People on the Worksite	
Ideas and Themes	**Next Steps**
Build joint action committee to tackle the epidemic • Made up of industry members • Committee would provide a one-stop shop for industry, i.e. all the resources in one place (web site, phone numbers etc.)	1. Build a 'joint action committee' to tackle epidemic. ▪ Who, what, where, when, how (industry specific) ▪ One Stop Shop (specifically for industry)
Consider incentivizing psychological safe worksites • Help develop safe environment • Accreditation for being psychologically safe work site, incentivize those sites (contract bidding, etc.)	2. Incentivize psychologically safe worksites/companies. ▪ Developing culture of safety ▪ Building into contracts ▪ National standard of Canada for psychological health and safety in the workplace
Research, content and delivery • Research: ▪ People from different backgrounds here today, need focus groups ▪ Journey mapping for those in recovery ▪ Diversity of industry (rural/urban, industrial) – tailor message to audience • Content: ▪ Harm reduction ▪ Addiction and true stories ▪ Being careful about stories and statistics	3. Focus on research of best practices regarding harm reduction.
Workplace Communication Strategy • Top-down buy-in (site supervisors, foremen, safety attendants sign-off) • Mandatory and daily toolbox talks • Personal and industry anecdotes • Repeat, repeat, repeat • Broad messaging ▪ Data/facts/posters/pamphlets ▪ Normalize the conversation ▪ Don't shift the problem • Policy and site mandates • Consistent indoctrination • Look at 'zero tolerance' policy • Industry-wide hotline for everyone	4. Develop Communications strategy.

Part 4: Identifying Next Steps

Participants were asked to reflect on the presentations and consider how they could be involved in moving these ideas forward. Sign-up sheets were circulated on which participants noted their names and the topics or areas they were most interested in. This information is in Appendix 5.

Closing Remarks were delivered by Dr. Aamir Bharmal. Dr. Bharmal recognized the value of the afternoon's discussions and the progress that has been made in pulling together the Construction Industry Roundtable. He also reminded the group that in the year that has passed since the first workshop, 1,500 people have died of opioid overdoses in British Columbia.

Possible Next Steps in Moving Forward

The Advisory Committee will meet to review the report and outcomes of the Construction Industry Roundtable.

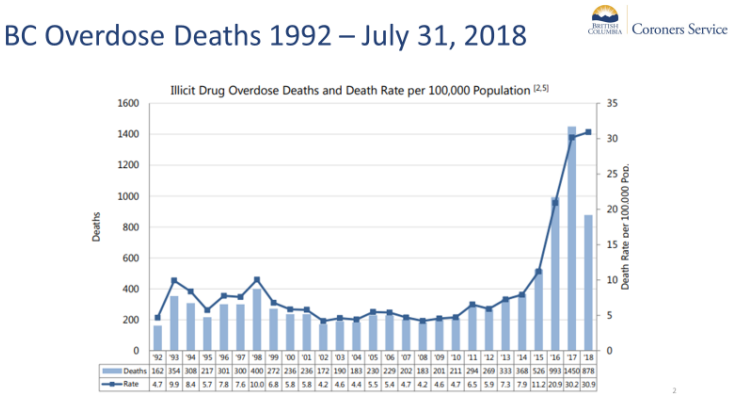
One approach to move forward is to develop Action Teams. Actions Teams is a method that creates small, focused groups to address each of the key topic areas. Action Teams create objectives and measurable outcomes for a strict time period, and are responsible for moving these objectives forward. Action Teams report back to the larger group or Steering Committee. Action Teams are comprised of interested participants from across the sector as well as subject matter experts.

APPENDIX 1: Background Presentation – Dr. Patricia Daly, OERC/VCH

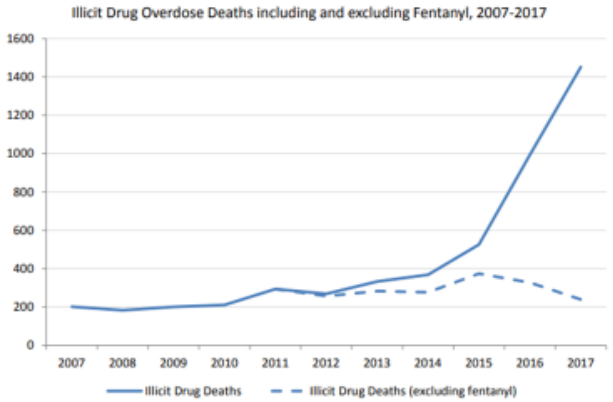
Understanding the Overdose Crisis

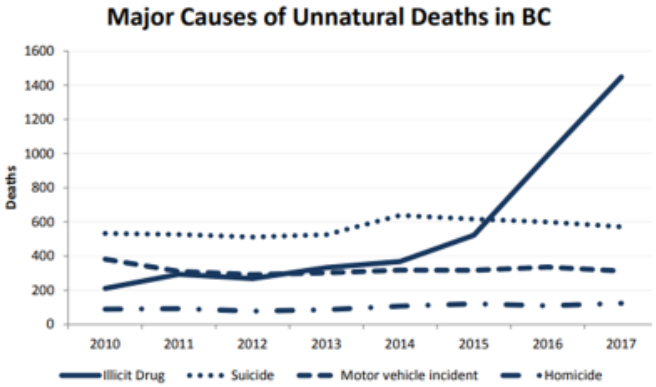
Construction Industry Roundtable

Patricia Daly MD, FRCPC
Overdose Emergency Response Centre
August 27, 2018



BC Overdose Deaths





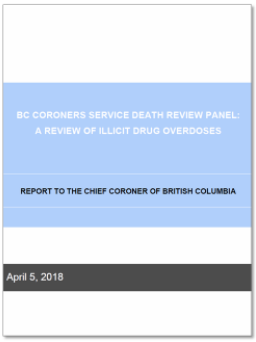
Overdose Emergency Response Centre (OERC)

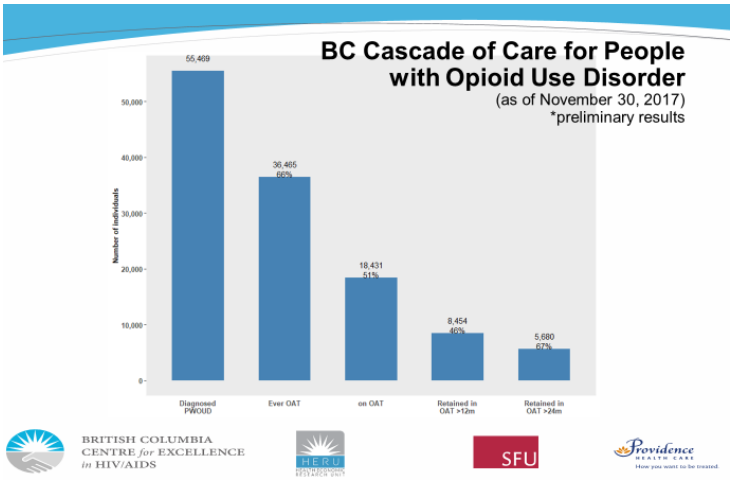
- Established December 1, 2017
- Located at the Emergency Operations Centre, Vancouver General Hospital
- Core staff, partnerships with many agencies responding to the crisis
- Includes people with lived experience, family advisors

Overdose data and First Nations in BC: Preliminary Findings. First Nations Health Authority (Aug 2017). Data from Jan 2015-Nov 2016.

Death Review Panel Findings

- Reviewed cases of 1,854 people who died from illicit drug overdose (Jan 2016-July 2017)
- Key findings for the majority of cases:
  - Recent health care and/or recent or previous BC corrections
  - Using substances regularly
  - Using alone
  - Many had sought treatment in past and experienced relapses
  - Opioid agonist therapy *protective* against death



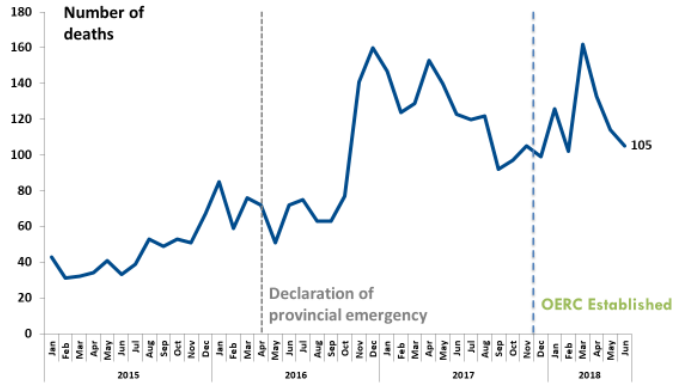


Comprehensive Package of Interventions

Essential Health Sector Interventions	Essential Strategies for a Supportive Environment
Naloxone Ensuring optimal supplies, training and community-level infrastructure to ensure sustained Naloxone access.	**Social stabilization** Community-level strategies to ensure on-going psycho-social support, access to housing, income stabilization, transportation, food.
Overdose Prevention Services Supporting a diversity of community-level, low barrier services tailored to population/ community needs.	**Peer empowerment and employment** Providing individual skills and capacity building initiatives within individuals and communities with lived experience.
Acute overdose risk case management Robust surveillance, analytics and referral system to identify individuals at risk within communities and capacity for follow-up connection to care.	**Cultural safety and humility** In collaboration with Indigenous communities and organizations, ensuring services are rooted in an understanding of the social and historical context of health and healthcare inequities.
Treatment and Recovery Ensuring low-barrier access to full spectrum of evidence-based medications and comprehensive treatment and recovery services.	**Addressing stigma, discrimination, and human rights** Policy/legal analysis and action plans to address barriers to services based on stigma and discrimination.

People who have died from overdose due to illicit drugs, BC

BRITISH COLUMBIA Coroners Service



Illicit drug overdose deaths in BC: Jan 1, 2015 to Jun 30, 2018. BC Coroners Service.

APPENDIX 2: Background Presentation-Dr. Aamir Bharmal, Fraser Health

Chart Review of men with serious non-fatal residential overdose events

- Goals:
  - Understand characteristics of men overdosing in private residences
  - Identify factors that contributed to their survival
- Included all men who:
  - Overdosed in a private residence, came to ER, and were subsequently admitted into hospital because of overdose
- Key finding:
  - When employment industry was documented, trades most common industry where men currently or most recently worked

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Overdose Epidemiology

Who is dying from overdose?

70% of overdose deaths are in private residences.

Of all suspected overdose deaths in Fraser Health, our analyses show that most occur in someone's home, which counters the common misconception that most overdoses are happening on the street to people who are homeless.

85% of fatal overdoses are among men.[2]

19 – 59 year olds are the most impacted[1] with **30 – 39 year olds** having the highest number of overdose deaths.

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Review of overdose-related visits to Emergency Department (ED)

Analyzed data of 3,800 people living at a fixed address who visited a Fraser Health ED between 2015-17

Three key groups identified:

1. People who visit ED infrequently prior to overdose
2. People who visit ED on a rare but critical basis

~60%

3. People who visited ED on a moderate to frequent basis prior to overdose

~40%

ED VISITS

Typically man in his 30s
Infrequent use of health services

ED VISITS

ED VISITS

Typically man/woman in their 40s
Often well known to Mental Health and Substance Use services

Areas of action identified at workshop

- Building trades industry roundtable
- Education and anti-stigma campaigns
- Requirement for mental health and substance use messaging as part of government contract bids
- Information sharing with trades partners

Building Trades Workshop September 2017

- Meeting with trades associations, unions, small and medium-sized employers, and training schools/colleges
- Goals:
  - Reflect on current overdose situation/trends
  - Identify actions specific to building trades to respond to overdose crisis
  - Identify high potential, innovative ideas to reach men in the building trades to prevent substance use and decrease overdose risk

Association between Trades and Overdose?

Contributing factors:

- Trades is a large employer in BC
- Demographic factors:
  - Trades employs many men (91% of the workforce is men and many are between 19-59 years of age)
    - Matches the demographics of those at highest risk of death
  - Stigma associated with mental health issues
  - Less help seeking behavior
  - Use of substances to cope
- Industry-specific risk factors:
  - transient employment
  - 'work hard, play harder' culture
  - physical injury

Recent reviews also suggest links

Ohio construction workers seven times more likely to die of an opioid overdose in 2016

Updated Jan 19, 2018;
Posted Nov 5, 2017

Morbidity and Mortality Weekly Report

Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths — United States, 2007–2012

Construction Sector Leads in Massachusetts Opioid Deaths

Fraser Health actions relating to trades since workshop

- Public health nurses outreach to worksites who identify substance use concerns and/or have had an overdose
- Review of return-to-work policies for workers with mental health and substance use conditions
- Research to understand relationship between injury, opioids, and overdose

APPENDIX 3: Questions to Dr. Daly and Dr. Bharmal

The first seven questions were answered in the workshop by Drs. Daly and Bharmal. The list of additional questions were generated by workshop participants, but not answered until after the workshop ended.

1. Is there data on # of people who OD'd who were on RTW program
    - No, there is a paucity of information overall
    - If people have gone through treatment and off substances thus losing their tolerance when they relapse, higher risk of overdose death

2. How can Industry get a presentation on substance use and how best to manage (i.e. managing these issues on a big project like Site C)
    - From today's discussion hoping to gather ideas
    - Dr. Bharmal happy to present to anyone, other local public health officials would come to organizations to discuss

3. BCCSU has recommended Suboxone as first line treatment but does industry allow people on OAT to go back to work/continue working
    - Yes, can be fully functioning member of society of OAT
    - Overall with UDS testing it isn't happening as much in BC
    - What we heard in preliminary review work it isn't typical practice
    - Urine testing program may make people afraid to stay on treatment
        - Question may be why are you testing…not safe to work?
        - Yes, that would be the only time we're doing the testing (reasonable suspicion or post-incident)

4. Are there other treatments that can be considered beyond what mentioned?
    - Methadone, Suboxone…other OAT medications
    - Can be different types of treatment (transitions back to work, EAPs, peer support)
    - Almost everyone will need to be on long-term OAT, only a small percentage of people (2%) don't relapse…treatment will be long-term

5. Do those using these drugs consider drugs the same way others consider wine, i.e. OK to use alone, perhaps not stigma-related?
    - We assume that the reason people use alone is because of stigma, so there's a presumption that it's entirely related to stigma but that's not necessarily the case.
    - Drug checking services can help

6. How did Fraser Health RNs prioritize what site to outreach?
    - Worksites coming to our nurses and letting us know

7. Who are you referring to when you say the building trades/construction industry?

- We talked about this at the Industry Workshop last year, building trades were representative…we do have a breakdown and building trades were most represented

Full List of Questions:

Q: Who do you refer to when you say the "Building Trades"?

- We've used the term "building trades" interchangeably with "construction trades."
- To clarify, we are trying to reach all contracting companies in BC (regardless of size) and all employees involved in the hands-on construction of houses, high rises, commercial and infrastructure projects.

Q: To what extent is the BC opioid crisis affected by the over-prescribing of opioids through physicians/family doctors?

- The opioid response has taught us that problematic substance use has its roots in many causes. Over-prescription is but a small piece of this crisis.
- Multiple factors combined have led to the overdose crisis. They include:
  - Poisoning of the illicit drug supply by synthetic opioids, such as fentanyl.
  - People, especially men, who choose to self-manage their mental health issues with substance use.
  - The co-prescription of benzodiazepine for insomnia and anxiety with opioids to address chronic pain. This happens typically in the hospital setting and pharmacy teams are working to promote safer prescribing practices.

Q: Regarding stigma: Do those using these drugs consider drugs the same as others may consider wine (i.e. just fine to do alone)?

- While people speak openly about drinking wine, admitting to illicit drug use is less publicly acceptable.
- As a result, stigma forces people use alone, increasing their risk of overdose.
- Unlike alcohol, illicit drugs obtained from the street market are not subject to quality control. This means that the drug you used tonight to relax may result in an overdose tomorrow

Q: How do Fraser Health nurses prioritize or determine what construction sites to visit?

- Worksite leaders and construction companies themselves reached out to Fraser Health for more information about opioid addiction on the job sites.

Q: Governments (provincial and local) are the biggest contractors for the building trades industry, so couldn't we quickly move forward to require mental health and substance use training in the contracts?

- Currently no such training module exists, but one is needed.
- We believe that we have a better chance of increasing contractor participation in training programs if we work collaboratively with the industry to develop them.
- You know your industry best and are well positioned to guide creation of this training program so that it fits your needs, making it sustainable into the future.

Q: How do you get members to open up? Lots are in denial.

- Substance use disorder is commonly perceived to be a moral/criminal issue.
- We must change that public perception so society begins to view it as the healthcare issue it is.
- By normalizing addiction, and by reducing people's fear of losing their job is the only way we can encourage people to seek help for their addiction on the job site.
- Your participation at this round table is the first step towards reducing the stigma of addiction and denial in your industry.

Q: What are the functional capabilities of someone who opts for opioid replacement therapy, such as iOAT or OAT?

- A person can be a fully functioning and contributing member of society while on OAT therapy.

Q: Can industry access a presentation on the frequency of substance use within our employee population as well as information about how best to manage it on large worksite like Site C?

- Work arising from the Construction Trades Industry Roundtable will result in an education and communications tool kit that will be helpful in addressing questions such as these at the job site.
- In the interim, however, Dr. Aamir Bharmal (and other MHOs across the Lower Mainland) is happy to present to any group on this topic as are other local public health officials.

Q: How can industry access information that builds understanding about the chronic nature of opioid use disorder?

- Work arising from the Construction Trades Industry Roundtable will result in an education and communications tool kit that will be helpful in addressing questions such as these at the job site.

Q: Is there any data showing the number of individuals who overdosed that were on a return to work program?

- There is a scarcity of information to fully answer this question.
- In general, we know that overdose is far more likely once people have completed treatment because abstinence during the treatment period serves to lower drug and dosage tolerance.

APPENDIX 4: Roundtable Presentations

Table 1: Addressing Stigma, Supporting Prevention: Partnering with Industry

Presenter: Regan Hansen, Ministry of Mental Health & Addictions

ADDRESSING STIGMA, SUPPORTING PREVENTION: PARTNERING WITH INDUSTRY

Table 1 provided participants with a four-page handout showcasing the anti-stigma campaign products available to partners in industry, the draft scripts for the "Why this Matters" video

series and a description of the concept to develop a more formalized “toolkit” specifically aimed at employers to help champion harm reduction, overdose prevention, and anti-stigma approaches in the workplace.

The table participants were given a quick overview of the Ministry’s aim to tackling stigma and particularly trying to create an environment where men with problematic substance use feel supported to be able to reach out and talk to those close to them as well as seek help from a health provider. The takeaway had contact information on partnering and making products available from the range of harm reduction and anti-stigma materials. As participants were rotated through quickly, discussions were short.

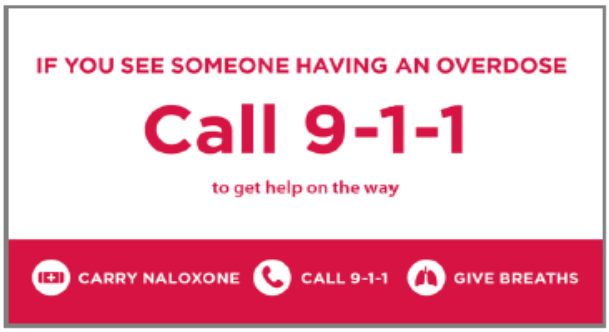
A few key issues that were raised included that of the day worker – a non-union day labourer who are often at job sites for very short periods of time and are not covered by or represented in any trade union or association. Individuals seeking short term employment in this manner were seen as potentially being among the most vulnerable as they are perhaps looking for a quick pay cheque to cover the costs of problematic substance use, are not trained for safety and are prone to injury and have no coverage or access to Worksafe programs and do not have close contacts as many are seen as transient workers. A further insight was that denial of problematic substance use was a common issue among men, even where connections between workers were close and traits of use were demonstrated. Other comments included the challenges of men in work camps where the jobs can expose them to difficult experiences in remote locations – although it was acknowledged that conditions were improving greatly in this regard. However, it was expressed that additional supports could help prepare workers for their return to communities as large incomes without good planning was seen as problematic combined with exposure to a toxic drug supply.

Products Currently Available

Posters

Rack Cards

Wallet Cards



Digital Graphics

Opportunities

Develop a more formalized "toolkit" specifically aimed at employers to help champion harm reduction, overdose prevention, and anti-stigma approaches in the workplace.

Contact

Regan Hansen, Director Partnerships and Engagement, Strategic Priorities and Initiatives Division, Ministry of Mental Health and Addictions, 250.952.2781 regan.hansen@gov.bc.ca

Table 2: Understanding Needs and Barriers—A Research Initiative

Presenter: Todd McDonald, WorkSafe BC

As presented at the table sessions, WorkSafeBC has agreed to fund and undertake targeted research to better understand the current awareness/attitudes of employers and workers in the BC construction industry in unionized and non-unionized environments towards mental health and addictions issues.

This research will:

- Investigate current employer knowledge, resources and practices regarding mental health and addictions as it relates to employer obligations, effective treatment options, and return to work supports
- Understand the current worker motivations and barriers to seeking information on mental health and addictions and accepting assistance when offered
- Gauge the awareness and willingness of employers to actively support recovery and return to work efforts for individuals with mental health and addictions issues
- Provide context as to how freely and comfortable employers and construction workers feel in talking about mental health and addictions in the workplace/work site
- Understand how likely construction workers are to be aware of themselves in the context of mental health and addictions; do they identify themselves as having suffered as a result of mental health issue and/or addiction? If they have suffered what personal tactics or strategies do they use to self-monitor (if any)?
- Identify the common indicators associated with mental health and addictions; health related and otherwise (e.g., anxiety, depression, PTSD, unscheduled time of work, lower staff retention rates, reduced morale). What efforts or resources do employers have in place to track or test for these indicators?
- Investigate if there is a perceived stigma associated with mental health and addictions in this industry (and has this got worse in recent years as awareness levels of mental health and addictions may have changed?), including recommendations of how to help overcome the potential stigma if it exists
- Understand what support, information and tools these employers and workers have currently have and would appreciate in the context of mental health and addictions. This would include a review of the available information sources and resources; from informal word of mouth from colleagues and co-workers to more formal information from employers, public agencies and other sources.

- Provide feedback on the nomenclature and situational context for employers and construction workers, to ensure research materials and communications are developed with the construction worker in mind
- Provide feedback on potential WorkSafeBC outreach concepts and content to workers and employers

WorkSafeBC anticipates that the findings of this research will assist many groups in understanding current state but importantly also help to inform what additional resources, programs, or initiatives may be required. WorkSafeBC join with many of the participants in believing that while there may be some gaps in services available, of primary concern is what can be done to ensure workers more readily and frequently access the services that are available. Therefore this research will culminate in recommendations specifically aimed at overcoming barriers to accessing resources. As a practical example, in undertaking a very similar research initiative recently on PTSD for first responders we followed-up with a targeted anti-stigma campaign which has had significant impact in raising the number of first responders who seek assistance with PTSD issues.

Table 3: Will Construction Workers Talk About Mental Health and Substance Use? —Crafting Toolbox Talks that Connect

Presenters: Maya Russell, CMHA BC & Karen McCrae, BCCSU

CIRP, CMHA BC, and BCCSU have determined the need for education on mental health and substance use for those working in the construction and trades industries. This table presented a possible format (i.e., "toolbox talks"), whereby workers across the province would be equipped with information on substance use related stigma, overdose prevention, harm reduction strategies, and treatment options through a series of short (i.e., 15-30 minute) informational talks at the beginning of workshifts. The concept, as well as some potential content, was offered up for discussion.

Table 4: The Value of Data—Connecting the Dots

Presenter: Vicky Waldron, CIRP

Overview of services offered at the program

3-PILLAR MODEL: 'PREVENTION & PROMOTION', 'TREATMENT', 'BUILDING RESILIENCY'

Overview of data that led us to begin the journey of forming collaboratives with different provincial organisations to try and address some of the issues we were seeing:

- 83% of CIRP clients screen positive for moderate-severe MH issues
- 90% screen positive for early childhood traumas
- Of the 90%, 70% screen positive for significant PTSD symptomology
- And about 40% of the 90% fall into the following high risk categories
- 1200% more likely to commit suicide
- 700% more likely to have an AUD
- 400% more likely to have chronic illnesses

- It is estimated that CIRP is underutilized anywhere between 5-20%

Collaboratives:

- Reducing Shame & Stigma – WorkSafeBC
- Changing conversations on MH – Centre for Mental Health and Addictions; Overdose Emergency Response Centre; BC Centre on Substance Use
- Return To Industry – Investigating barriers for clients returning to work following SU treatment. Fraser Health Authority

APPENDIX 5: Group Notes from Moving to Action

FLIPCHART NOTES

Table 1: Reaching people in training

- Action Planning *(Gary Herman and Jeff Cartwright put post-it notes beside this)*
    - Preventative, Proactive & Reactive
        - Preventative: lifestyle, stats, mental health
        - Proactive: e.g. buddy system
        - Reactive: e.g. naloxone
    - 1-Define training and education materials for each "bucket"
    - 2-Define each level or audience: owners, contractors, apprentices, employees
    - Define and develop the delivery model(s) for 1 & 2

Table 2: Reaching people in training

- Design training module for workers *(Brian Wallner put post-it note beside this)*
    - Consistent messaging
    - Resources available
    - Mentorship-relatable
    - Accessible-upskilling, foundation/YTT, lifeskills/pre-employment programs
- Coordinate website/app for sharing information
    - People seeking care/help
    - Support for families/friends
- Train the trainer module
    - For foremen, mentors, union reps/dispatchers, instructors, etc.
        - Real sources for exposure/content

Table 3: Reaching people in training

- Target interventions to a specific group (age, trade)
- Implement peer-to-peer mentorship opportunities or campaigns (influencers, supportive)
- Be aware and plan for unintended consequences
    - Language is important – if used inappropriately, it can increase stigma or can fail to resonate with key populations

Table 4: Reaching people on the worksite

- Steps
    1. Building a 'joint action committee' to tackle epidemic

        i. Who, what, where, when, how (industry specific)
    2. One Stop Shop (specifically for industry)
    3. Incentivizing psychologically safe worksites/companies
        i. Developing culture of safety
        ii. Building into contracts
        iii. National standard of Canada for psychological health and safety in the workplace
- Note attached: "I think a really important point that was discussed less today is **TESTING** communications and policy solutions that are proposed so we can accumulate knowledge as a province of **what works** and **what doesn't** for different individuals, groups, trades, etc. I work with the Behavioural Insights Group at the BC Public Service Agency and I know that we would be interested in working together in not only suggesting by **empirically testing** possible policy actions pertaining to this challenge."
- People on committee should be able to affect change
- From Vicky Waldron's notes:
    - Broaden the conversation from just opioid use to mental health and other substance use
    - Go through WorkSafe to distribute
    - 'Mental health' terminology may be stigmatizing in and of itself
    - Be careful of 'clinical language'
    - How do we test our campaigns and initiatives? Being careful we don't use medical language
    - Who delivers message? Peers versus medical professionals
    - One Stop Shop!
    - In messaging how do we create 'psychological safety'?
    - Identifying who is safe to talk to if you have a substance use issue.
    - Support from employers when someone is on the job site
    - Get employer buy-in
    - Employers need to speak out on the topics of mental health and substance use
    - Visible support from employers
    - Having Industry champions
    - Avenues to recognize MHSU industry champions
    - National standard on psychologically safe environments
    - Whether this accreditation can be sold as a financial benefit
    - Mental health first aid
    - Themes:
        - Language/graming
        - Mechanism of messaging
        - Sustainability/support
        - Incentives
        - Who/what/where/when/why

Table 6: Reaching people on the worksite

- Workplace Communication Strategy *(Haley Hellyar put post-it note beside this)*
    - Top-down buy-in (site supervisors, foremen, safety attendants sign-off)
        - Mandatory and daily toolbox talks
        - Personal and industry anecdotes

        - Repeat, repeat, repeat
    - Broad messaging
        - Data/facts/posters/pamphlets
        - Normalize the conversation
        - Don't shift the problem
    - Policy and site mandates
        - Consistent indoctrination
        - Look at 'zero tolerance' policy
        - Industry-wide hotline for everyone
        -

NOTES FROM GROUP PRESENTATIONS

Table 1: Reaching people in training

- Looking at themes, believe that education and training needs to preventative, proactive and reactive…
    - Preventative=educate employees about what construction life is like (camps)_
    - Proactive=buddy system (educated in advance about what to look for)
    - Reactive=administering naloxone, naloxone training
- What needs to happen to address these 3 themes need to define what the training materials are, who is the target audience (apprentices, employees, employers, etc.)
- Delivery model: need different models for different target audiences

Table 2: Reaching people in training

- Informing and educating from training perspective
- Individual and those around that individual (foreman, supervisors, etc.)
- Design training module
    - To be used in different facets
    - Tradespeople in apprenticeship, pre-employment or life skills programs
- Consistent messaging
    - What am I going to tell them? Include what resources are available.
    - Mentorship a big part of that, whoever is delivering the training may have gone through addiction themselves
    - Train the trainer module

Table 3: Reaching people in training

- Know your audience
    - Age, what trades (different trades cultures, societies)
    - Peer to peer mentorship
    - Opportunities for people on the job to talk to others on the job
    - Be aware of unintended consequences of opening Pandora's box
        - Traumatizing/triggering, opening up childhood/residential school/etc.
        - Big concern
- Keep in mind the need for targeted towards audience
- Language is critical

Table 4: Reaching people on the worksite

- Building joint action committee to tackle the epidemic
    - Made up of industry members

        - As part of that the committee would provide a one stop shop for industry
            - 1 place someone can go to (web site, phone number) with all the resources you need in 1 place
- Looking at incentivizing psychological safe worksites
    - Help develop safe environment
    - Accreditation for being psychologically safe work site, incentivize those sites (contract bidding, etc.)

Table 5: Reaching people on the worksite

- Research, content and delivery
    - Research:
        - People from different backgrounds here today, need focus groups
        - Journey mapping for those already in recovery
        - Diversity of industry (rural/urban, industrial)
            - 1 message doesn't work for diverse audiences
    - Content:
        - Harm reduction
        - Addiction and true stories
        - Being careful about stories and statistics

Table 6: Reaching people on the worksite

- Communications strategy
    - Ensuring top-down buy-in
    - Nothing will work if left up to crews unless signed off by foreman, safety people
    - Mandatory daily toolbox talks
    - Normalizing the conversation
    - It's not person, it's just real
    - Having serious conversations on worksite like we did 20 years ago about safety general
    - Making sure not to traumatize people, but helpful to have personal stories
    - Repeat, repeat, repeat
        - We have to keep talking about this, bringing information to the fore
    - Broad messaging
        - Elevator posters, more info to present info and facts
        - Posters, pamphlets that normalize conversation and don't just shift the problem around
    - Policy and site mandates
        - Review, make sure indoctrination to sites is consistent to policies, understand zero tolerance around facts
        - Industry wide hotline or consistency so people can access the support they need without getting the runaround

APPENDIX 6: Attendees

BC Building Trades Council
- Tom Sigurdson

BC Centre on Substance Use
- Amanda Giesler
- Karen McCrae

BC Construction Association
- Faith Dempster
- Chris Atchison

BC Construction Safety Alliance
- Vernita Hsu
- Candice Brown

BC Institute of Technology
- Wayne Hand

BC Public Service Agency
- Ashley Whillans

BladeRunners
- Haley Hellyar
- Eddie Taylor
- Rivers Stonechild

Christian Labour Association of Canada
- Larry Richardson

Construction Industry Rehab Plan
- **Vicky Waldron**

Construction Labour Relations Association
- Clyde Scollan

DA Townley
- Naveen Kapahi

First Nations Health Authority
- Minda Richardson

Fraser Health Authority
- Dr. Aamir Bharmal
- Dr. Victoria Lee
- Amrit Atwal

IBEW 213
- Jim Lofty

Independent Contractors and Businesses Association
- Jeffrey Cartwright
- Todd Cumisky

Industry Training Authority
- Rod Bianchini
- Gary Herman
- Susan Kirk
- Cara Lenoir

Insulators 118
- Neil Munro
- Ashley Duncan

Ironworkers 97
- Paul Beacom

LiUNA 1611
- Bob Barker

LNG Canada
- Tracey MacKinnon

Millwrights 2736
- Brian Zdrilic

Ministry of Advanced Education
- David Muter

Ministry of Labour
- Trevor Hughes

Ministry of Mental Health & Addictions
- Hon. Judy Darcy, Minister
- Regan Hansen

Musqueam Nation
- Morgan Geurin, Knowledge Keeper

Office of the Provincial Health Officer
- Daniele Behn Smith

Operating Engineers 115
- Brian Haugen
- Mike Mayo
- Lynn Gould

Overdose Emergency Response Centre
- Dr. Patricia Daly
- Miranda Compton
- Jeff West
- Arthur Yee

Pacific Blue Cross
- Nathan Roeters

Pile Drivers 2404
- Darrell Hawk

Roofing Contractors Association of BC
- Bryan Wallner

Trade Talk Magazine
- Leslie Dyson

Plumbers, Pipefitters and Steamfitters 170
- Mark Glazier
- Al Phillips
- Gordon Forbes

Vancouver Coastal Health
- Dr. Reka Gustafson
- Dr. Mark Lysyshyn
- Chris Van Veen
- Trudi Beutel

WorkSafe BC
- Todd McDonald
- Jen Leyen